Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

8-06304

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			۶۹					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			23 minus 20=		* - ষ্			X\$ 9=		OR	X\$18=	54	
INDEPENDENT CLAIMS			minus 3 =		· 2			X40=		OR	X80=	7	
ML	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2		TOTAL		OR	TOTAL	764	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3))	SMALL ENTITY OR			OTHER THAN SMALL ENTITY			
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE	
	Total	. 3 9	Minus	** 9	<u> 23</u>	- 18		X\$ 9=		OR	X\$18=	288	
	Independent	· 2	Minus	***	<u> </u>	= /	 	X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<u>ا</u> ا	+135=	* 1500mの大変を含む。	ŎŔ	+270=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	288	
(Column 1) (Column 2) (Column 3)										•			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	!	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	NTATION OF MI	Minus	***	CLAIM	=	┨╏	X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM] [+135=		OR	+270=		
	•						L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
•		(Column 1)		(Colur		(Column 3)	_			٠		-	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	$\int \left[$		ADDI- TIONAL FEE	w %;	RATE	ADDI- TIONAL FEE	
	Total 💸	The second secon	Minus `	**	1	= ;]	X\$ 9=		OR:	X\$18≅	TO SERVICE SER	
	Independent	NITATION OF AU	Minus	***		=	4	X40=	1. 31	OR	X80=	a tal safe	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL					<u> </u>	╛	+135=		OR	+270=	7000000000000000000000000000000000000	
	f the "Highest Nu If the "Highest Nu	mn 1 is less than th mber Previously Pa mber Previously Pa b r Previously Pai	id For IN THI	S SPACE I	s less tha s less tha	n 20, enter "20 n 3, enter "3."		TOTAL DDIT FEE	o New York	OR	TOTAL ADDITAFEE		